

Documented: Most Head & Neck Cancer Patients in Underserved Areas Present with Pain

BY ED SUSMAN

PALM SPRINGS, Calif.—More than half of patients in underserved areas who are diagnosed with head and neck cancer have pain upon presentation, and a majority of those patients are diagnosed with advanced disease, researchers reported here at the American Pain Society Annual Scientific Meeting.

Of the 149 patients included in the retrospective study, 57 percent

seen at others hospitals in that they identify themselves mainly as black (46%) or Hispanic (20%); about 11 percent of the patients identify themselves as white. She said another part of the research will be to compare patient outcomes with a private hospital in the Northeast. “We also think that this population in our study comes in later for treatment, so we are seeing their disease in late stage.

“There are a couple of lessons we can learn from our study—which really is just a snippet of the information we are collecting,” Van Cleave continued. “Can we get these patients better primary care? Would education help? At one hospital there were a lot of these patients who

were immigrants or were undocumented. These are your uninsured people.” The study included patients prior to implementation of the Affordable Care Act.

One of the reasons the people in these underserved areas come in with



presented at the hospitals with pain symptoms. Still, though, said Janet Van Cleave, RN, PhD, Associate Professor of Nursing at New York University, in an interview at her poster presentation: “Frankly, I was surprised that the figure wasn’t 100 percent. Our hypothesis was that everybody would have pain.

“What we found out, however, was that there is this other group of people who present because they are having problems with function. About 10 to 15 percent of these patients came in unable to breathe.”

About 75 percent of the patients were diagnosed with Stage 3 or 4 disease or with an unknown stage, she said. The other 25 percent were in Stage 1 or Stage 2 on presentation.

“This just tells us that these patients have a lot of problems,” Van Cleave said. In the study, 87 of the patients—58 percent of the total—presented with cancer of the oral cavity or the pharynx, while the remaining 62 patients were diagnosed with cancers of the larynx or other sites.

When patients did say they were having pain, most often they described their symptoms as odynophagia, tongue soreness, neck pain, and otalgia, she said.

The researchers do not yet have data on the outcomes of these patients, she said.

The researchers assessed the records from January 1, 2007 through December 31, 2010 of patients who were diagnosed with head and neck cancers and were treated at in the New York City safety-net health care system.

Van Cleave explained that patients who present at safety-net hospitals in New York City differ from patients



JANET VAN CLEAVE, RN, PHD:
“One of the reasons may have to do with a lack of oral health treatment—these patients typically do not go to the dentist.”

Filligim, PhD, Professor of Dentistry and Behavioral Health at the University of Florida, Gainesville, and a past president of the American Pain Society.

“Now that dentists are doing these types of checks for mouth cancers much more consistently, that helps those of us who go to dentists. These patients have access-to-care issues or they may have dental anxiety or they may come from a culture where oral health care isn’t as important as regular health care, and you may not get those regular checks.”

In Van Cleave’s study, most of the patients—79 percent—were men. The mean age of the group was 59, with a range of 22 to 100.

Ongoing Research

The team is now seeking to determine if there is a difference in symptoms and outcomes within the underserved population on the basis of infection with human papilloma virus, known to be a major risk factor for head and neck cancer. “These people are not tested for human papilloma virus,” she said.

The researchers are also looking into whether pain assessment in dental clinics could help diagnose there individuals sooner.

One of the problems in the work is that many of the patients disappear after initial treatment, Van Cleave noted. “We think further research is needed to support policy initiatives at safety-net hospitals for a patient-centered approach to carry out earlier implementation of palliative care, targeting adequate pain control. By initiating these treatments we can get these people into the health care system and keep them in the health care system.”

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advanced head and neck cancer may have to do with a lack of oral health treatment—“These people do not go to the dentist,” she said. And she noted that often dentists are the first to diagnose head and neck cancers or refer their patients to a specialist when mouth lesions are observed.

“What is happening here may be that these people present with late-stage disease because they likely do not have good dental health—and dentists will check patients for mouth lesions,” agreed Roger

Ed Susman